



STATE OF MONTANA
DEPARTMENT OF LABOR AND INDUSTRY
BUSINESS STANDARDS DIVISION
301 S PARK, 4th FLOOR
PO BOX 200513
HELENA, MONTANA 59620-0513
(406) 841-2300

FOR OFFICE USE ONLY
Complaint #

COMPLAINT AGAINST: LICENSE #
(If Known)
PROFESSION / OCCUPATION TYPE:
BUSINESS / FIRM NAME: PHONE #
ADDRESS:
Street or PO Box City/State Zip Code

NATURE OF COMPLAINT: *Please describe in detail the nature of the complaint, giving dates and other information. If service is part of the complaint, give information about telephone calls, contracts, etc. Attach additional sheet if necessary.*

LIST OF WITNESSES AND EVIDENCE:

WHAT ACTION ARE YOU REQUESTING OF THE BOARD OR DEPARTMENT?

YOUR (complainant) NAME: PHONE#:
Print Here

YOUR (complainant) ADDRESS:
Street or PO Box City/State Zip Code

I hereby authorize the licensee to release any and all information to the above-named board or its agents. The facts and matters contained herein are true, accurate and correct to the best of my knowledge.

YOUR (complainant) SIGNATURE: _____ DATE: _____

Notary Section

Subscribed and Sworn to before me the _____ day of, _____,

(Signature of Notary)

Notary Public for the State of _____
Residing at _____

NOTARY SEAL

Economic Affairs Committee Meeting
February 10, 2006

Exhibit #22